



## PROOF OF DC RESIDENCY CERTIFICATION FOR RESIDENTS UNDER AGE 21

### APPLICANT INFORMATION

Last Name (including suffix)	First Name	Middle Name	Date of Birth
Address	Apt/Unit Number	City/State	Zip Code
		WASHINGTON, DC	
Telephone Number with Area Code	E-mail Address		

### PARENT/LEGAL GUARDIAN INFORMATION

Last Name (including suffix)	First Name	Middle Name	Date of Birth
Address	Apt/Unit Number	City/State	Zip Code
		WASHINGTON, DC	
Relationship	Telephone Number with Area Code	E-mail Address	
DC Driver License or DC Identification Card Number		Expiration Date	

Parent/Legal Guardian must sign this form attesting that the above applicant resides with them in the District of Columbia. The Parent/Legal Guardian must also provide a valid DC Driver License or valid DC Identification Card reflecting their name and the address listed above AND two (2) of the following proof of residency documents reflecting the Parent's/Guardian's name and DC address.

• Utility Bill (water, gas, electric, oil or cable) issued within the last 60 days	• Unexpired Homeowner's or Renter's Insurance Policy	• Student Loan Statement issued within the last 60 days
• Telephone Bill (cell phone, wireless, or pager bills accepted) issued within the last 60 days	• Official Mail – received within 60 days from ANY Government Agency to include contents and envelope	• Car/Personal Loan Statement (coupon books or vouchers are NOT accepted) issued within the last 60 days
• Unexpired Lease or Rental Agreement with the name of the certifier as a lessor, lessee, permitted resident or renter	• Unexpired Sublease accompanied by the original unexpired Lease with the name of the certifier as sub-lessor	• Home Line of Equity statement issued within the last 60 days
• DC Property Tax Bill issued within the last 12 months	• Bank Statement issued within the last 60 days	• Deed or Settlement Agreement
• Home Security System Bill issued within the last 60 days	• Credit Card Statement issued within the last 60 days	• Investment Account Statement issued within the last 60 days
		• Medical Bills issued within the last 60 days

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)

I hereby certify that the information contained on this application is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DMV OFFICIAL USE ONLY

DMV EXAMINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_